Maternal and Child Health (MCH) / Children and Youth with Special Health Care Needs (CYSHCN) UPDATE

May 2012

The purpose of this **UPDATE** is to share important information on national, state, and local maternal and child health issues, including children and youth with special health care needs, to Title V Maternal and Child Health Block Grant providers. You will also be updated on pertinent resources and state and regional "happenings." We hope the **UPDATE** will promote statewide sharing and contribute to improved maternal and child health in Wisconsin. Please share this **UPDATE** with others.

DISTRIBUTION

The **UPDATE** will be posted to the MCH Program website or distributed by request via E-mail. To receive the **UPDATE,** send your name and E-mail address to Mary Gothard.

FORMAT

The **UPDATE** design includes content headings and a table of contents. We hope this enables easier reading and access to the information that pertains to you. The **UPDATE** contains "active links" to content; therefore, it is best read electronically. If you have comments or suggestions for a future issue contact Mary Gothard at (608) 266-9823.

UPDATE CONTENT

THINGS YOU DON'T WANT TO MISS!

2012 MCH Block Grant Application/2010 Report
Each July 15th, the MCH Program is required to submit an application to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The purpose is to monitor Wisconsin's Title V MCH Services Block Grant progress, goal attainment, and proper expenditure of funds. Excerpts of this application/report are now available on the MCH Program website. There is a requirement to solicit comments from partners and parents. Go to the public input page to share your thoughts!

HHS Launches Strong Start Initiative to Increase Healthy Deliveries and Reduce Preterm Births
To help reduce the increasing number of preterm births in America and ensure more babies are born healthy, HHS Secretary Kathleen Sebelius announced more than $40 million in grants to test ways to reverse that trend, as well as a public campaign to reduce early elective deliveries.

BCHP NEWS AND EVENTS

The Family Health Section Welcomes……

- **KATY MURPHY – HOME VISITING NURSE CONSULTANT:** Katy has been hired as the Home Visiting Nurse Consultant. The position is new to DPH and is funded primarily through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Federal Grant. In Wisconsin, the grant is administered by the Department of Children and Families (DCF) as a collaboration between DCF and DHS. Katy is an RN with a wide range of experience in community and public health. Before being hired for this position, Katy worked as a public health nurse home visitor in the Empowering Families of Milwaukee Program at the Milwaukee Health Department. Katy will be working directly with state-funded Family Foundations Home Visiting Programs as well as with the broader state-wide home visiting system to strengthen programming, enhance collaborations and improve outcomes. Another part of her role will be working to strengthen collaborations across early childhood systems in Wisconsin. Katy is housed in the Family Health Section and works closely with the DCF. Katy can be reached via e-mail or phone at (608) 843-6590.

MCH Early Childhood Systems Update
In 2012, local public health departments across Wisconsin are receiving funds to support the MCH Program's focus on Early Childhood Systems. The MCH Early Childhood Systems website is the information center for this work and will be enhanced with information and resources as the year progresses. If you have questions about who to contact, refer to the Early Childhood Systems Statewide Partner Contacts webpage.

Updates from the Wisconsin Association for Perinatal Care (WAPC) and the Perinatal Foundation

- **Healthy Weight Gain in Pregnancy – What's Right for You?**

WAPC began a provider and consumer initiative that focuses on the 2009 Institute of Medicine (IOM) weight gain recommendations in pregnancy. Designed with input from providers, women, and literacy experts, Healthy Weight Gain in Pregnancy – What's Right for You? helps women understand the amount of weight to gain in the context of their body mass index (BMI)

and track weight gain during pregnancy. The Perinatal Foundation supported the design and production of the weight management tool.

The tool features:

- IOM goals for weight gain during pregnancy for every woman of every size
- Easy to read and colorful guide for patients and providers to follow week by week
- Attractive design that can be used as a patient handout and a poster
- BMI guidelines

- **Newborn Withdrawal Project Toolkit**

The *Newborn Withdrawal Project Toolkit* is for both parents and health care providers of pregnant women undergoing methadone maintenance treatment (MMT) or other treatments for opiate addiction and newborns experiencing neonatal abstinence syndrome (NAS). The toolkit has four fact sheets—one for pregnant women, one for parents, one for providers, and a list of resources. The toolkit is available on the Newborn Withdrawl Toolkit webpage.

For additional information about either of these resources contact WAPC staff via e-mail or phone (608) 417-6060.

Public Health Hotlines & Text4baby

The Maternal & Child Health (MCH) Hotline provides a variety of referrals for pregnant women. One of these is text4Baby - a free mobile educational service designed to promote good health habits for pregnant women and their babies. When a pregnant woman calls The MCH Hotline, the Information and Referral Specialist will consider giving her information on text4Baby along with other pertinent referrals such as WIC, BadgerCare, and Prenatal Care Coordination. Hotline staff track referral data, which in turn is shared with DPH staff to use for data analysis. Contact The MCH Hotline at 1-800-722-2295 or visit www.mch-hotlines.org for more information on connecting with text4Baby or for other programs serving pregnant women.

Earlier is Better, Parent Oral Health Education Tool Kit

Earlier is Better is a partnership between Children's Health Alliance of Wisconsin, Medical College of Wisconsin, Wisconsin Dental Association, Wisconsin Head Start Association, and Wisconsin Division of Public Health. The overall goal of the project is to lower current dental caries experience rates by the time children reach the age of three years and enroll in head start. The program provides oral health education to pregnant women and parent/caregivers of infants and toddlers enrolled in Wisconsin Early Head Start.

For the *Earlier is Better Program*, the Wisconsin Oral Health Program in collaboration with Children's Health Alliance of Wisconsin has developed an interactive oral health toolkit for home visitors. A comprehensive training curriculum with pre- and post-tests is used to assure that the intended oral health messages are clear and home visitors have an understanding of basic disease cariology, particularly transmission of bacteria. Through motivational interviewing, the project will assist parent/caregivers in strategies and behavior change to assure optimal oral health for children and families.

A pilot study using the Parent Oral Health Education Tool Kit (POHET) was conducted using 107 trained home visitors, in a five pilot site series representing rural urban and suburban Wisconsin. The three main objectives of the tool kit included:

1. Provide oral health education to parents and caregivers.

2. Assist and empower families to set oral health goals and develop strategies to prevent dental disease.
3. Identify risk factors associated with dental caries and provide appropriate referral and case management.

In the first two months, following training, the home visitors reported:

- 130 families with 147 children under age 5 received oral health education.
- 27 children referred to a dentist.
- 30 children provided with case management.
- Oral Health goals most frequently chosen by families included: brushing two times per day with a smear of fluoride toothpaste; obtaining dental care for their child; providing healthy snacks; and drinking only water in a sippy cup.

For more information, contact Lisa Bell - State Public Health Dental Hygenist.

CURRENT RESEARCH/NEWS

Policy Statement on Pregnant Women and Substance Abuse

The American Society on Addiction Medicine (ASAM) has released a public policy statement on women, alcohol and other drugs, and pregnancy. The statement addresses three aspects of substance use and addiction in women of childbearing age, with an emphasis of the potential adverse effects of substance use and substance use disorders during pregnancy. The first section highlights the harms that alcohol and other drugs may cause to the woman and her developing fetus. The second section provides policy recommendations, and the final section provides a summary statement regarding the use of alcohol during pregnancy. ASAM is a professional society representing physicians dedicated to increasing access and improving quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addictions.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. January 23, 2012, Volume 14, Edition 4.

Resource Focuses on Implementing and Evaluating SUID/SIDS Interventions

What Works: Changing Knowledge and Behavior to Reduce Sudden Unexpected Infant Death (SUID) provides links to resources and evidence-based evaluations to assist families, professionals, and service providers in carrying out the new safe sleep recommendations released by the American Academy of Pediatrics (AAP) in November 2011. The resource was developed by the National SUID/SIDS Resource Center with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. Content includes links to training tools for families, medical professionals, child care providers, and faith-based service providers; state legislation and national guidelines related to safe sleep; and media campaigns and crib-distribution programs. The web page also links to AAP's new safe sleep policy statement and technical report describing the effectiveness of each recommendation and additional resources recommended by the resource center to support the AAP policy statement.

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Publication: Guidance on Safe Sleep in Child Care and Early Education Settings

Safe Sleep Practices and SIDS/Suffocation Risk Reduction is a compilation of 27 nationally recognized standards on safe sleep and reducing the risk of sudden infant death syndrome and

suffocation in child care and early education settings. The document is a joint collaborative project of the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education and is supported by the U.S. Maternal and Child Health Bureau. The standards were drawn from the third edition of Caring for Our Children: National Health and Safety Performance Standards -- Guidelines for Early Care and Education Programs (CFOC3). The document includes references to other standards contained in the full edition of CFOC3. Topics include safe sleep practices, environment, education and risk reduction, and policies. Related issues such as infant feeding are also addressed.

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Fish, Mercury and Nutrition - The Net Effects

A new documentary educates pregnant and nursing mothers on why two ocean fish meals a week during the critical window of development can safely give their babies lifelong benefits. *Fish, Mercury and Nutrition: The Net Effects* presents the many benefits of eating ocean fish and the risk of mercury exposure for the population with the most to gain (or lose) - unborn and young children. Including ocean fish in a healthy diet is also important for the rest of the population. The documentary was developed by The Energy and Environmental Research Center (EERC), a non-profit branch of the University of North Dakota, the National Oceanic and Atmospheric Administration (NOAA), and the National Marine Fisheries Service (NMFS). It explores the question, "How much fish should we eat?" via a who's who of experts.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. February 21, 2012, Volume 14, Edition 8.

Prenatal Care and Birthspacing

A study appearing in the March edition of the *Guttmacher Institute's Perspectives on Sexual and Reproductive Health* explores whether receipt of prenatal care is associated with subsequent birthspacing. Longitudinally linked birth records from 113,662 New Jersey women who had had a first birth in 1996–2000 were used to examine associations between the timing and adequacy of prenatal care prior to a woman's first birth and the timing of her second birth. The study authors found that 85% of women had initiated prenatal care during the first trimester. Women who had not obtained prenatal care until the second or third trimester, or at all, were more likely than those who had first-trimester care to have a second child within 18 months (rather than in 18-59 months). Women whose care had been inadequate were also found to more likely than those with inadequate care to have a shorter interval before a second birth. The study authors conclude that providers should make sure that women who initiate prenatal care late or use it sporadically receive information about family planning.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. February 13, 2012, Volume 14, Edition 7.

Study: Exercise During Pregnancy

A study published in the March 2012 edition of the journal *Obstetrics & Gynecology* evaluates the impact of exercise during pregnancy on the fetus, in accordance with existing guidelines in active and inactive pregnant women. 45 healthy pregnant women (15 nonexercisers, 15 regularly active, 15 highly active) were tested between 28 and 32 weeks of gestation. All women performed a test of moderate intensity, while only active women performed a test that included vigorous activity. The groups were similar in age, body mass index and gestational age. Fetal well-being was measured using umbilical artery Dopplers, fetal heart tracing and rate, and biophysical profiles. With moderate exercise, all umbilical artery Doppler indices were similar pre-exercise and post-exercise among groups. With vigorous exercise, Dopplers were

similar in regularly and highly active women with statistically significant decreases postexercise. The study authors conclude that these results support existing guidelines indicating pregnant women may begin or maintain an exercise at moderate (inactive) or vigorous(active) intensities. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. February 27, 2012, Volume 14, Edition 9.

Authors Explore Trends in Health-Related Behavioral Risk Factors Among Pregnant Women

"Our results showed that, from 2001 to 2009, favorable trends in the prevalence of engaging in leisure-time physical activity and receiving influenza vaccination existed among pregnant women in the U.S. Additional efforts . . . are needed to reduce current smoking, any alcohol consumption, and binge drinking as well as to improve fruit and vegetable consumption in these women," state the authors of an article published in the March 2012 issue of the *Journal of Women's Health*. Encouraging pregnant women to develop and maintain healthy lifestyle behaviors has been a focus of periconception care. However, knowledge about the status and temporal changes of lifestyle risk factors among pregnant women in the United States is incomplete. The article examines data from large and nationally representative samples to assess trends in the prevalence of behavioral risk factors over time among pregnant women. The authors also analyze associations between having individual healthy behaviors or clusters of healthy behaviors and selected sociodemographic factors, perceived health status, and health-care access during pregnancy.

The researchers analyzed data from the 2001-2009 Behavioral Risk Factor Surveillance System (BRFSS) surveys. They conducted their analyses on data collected from pregnant women, and, for comparison purposes, they also analyzed data from nonpregnant women ages 18-44. The study assessed pregnancy status and lifestyle behaviors, all dichotomized as yes or no. The index of healthy behaviors was generated from the following variables: (1) not currently smoking, (2) no alcohol consumption, (3) engaging in leisure-time physical activity, and (4) receipt of influenza vaccination. Consumption of fruits and vegetables five or more times per day was added to the index for the analyses of 2009 data. Demographic variables (age, race and ethnicity, education, marital status, and household income), perceived overall health (very good or excellent; yes or no) and health care coverage (yes or no) were also assessed. The study examined prevalence estimates for having individual healthy behavioral risk factors or for having a specific number of healthy behaviors, linear trends in the prevalence estimates, and, for data from the 2009 BRFSS, odds ratios for having individual healthy behaviors and clusters of healthy behaviors with adjustment for multiple covariates. The authors found that:

- Among pregnant women, the age-adjusted prevalence of engaging in leisure-time exercise increased from 67.1% in 2001 to 73.0% in 2009.
- The prevalence of receiving influenza vaccination increased from 14.1% in 2001 to 35.1% in 2009.
- The prevalence of consuming any alcohol decreased from 14.1% in 2001 to 9.0% in 2008 but then increased to 14.4% in 2009.
- The prevalence of current smoking, binge drinking, and consuming fruits and vegetables five or more times per day changed little over the 9-year period.
- The pattern of these changes remained the same after adjustment for demographic factors, perceived health status, and insurance coverage.
- The percentage of pregnant women who engaged in all four healthy behaviors increased significantly over the 9-year period (from 7.3% in 2001 to 21.2% in 2009). In 2009, approximately 7.5% of pregnant women reported engaging in all five healthy behaviors.

- The presence of individual healthy behaviors or clustering thereof during pregnancy was differentially associated with sociodemographic factors, perceived health status, or health care accessibility.

"To improve the health of pregnant women and their pregnancy outcomes, periconception care and public health intervention programs should seek to maximize the number of recommended healthy behaviors in pregnant women," the authors conclude.

Zhao G, Ford ES, Tsai J, et al. 2012. Trends in health-related behavioral risk factors among pregnant women in the United States: 2001-2009. Journal of Women's Health 21(3):225-263. Abstract.

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AAP Policy Statement on Breastfeeding from AAP

A policy statement from the American Academy of Pediatrics (AAP) reaffirms the organization's recommendation of exclusive breastfeeding for the first six months of a baby's life. *Breastfeeding and the Use of Human Milk* is currently available online and was published in the March 2012 edition of *Pediatrics*. The policy statement also calls for breastfeeding in combination with the introduction of complementary foods from 6-12 months and continuation of breastfeeding for as long as mutually desired by mother and baby. Breastfeeding provides a protective effect against respiratory illnesses, ear infections, gastrointestinal diseases and allergies including asthma, eczema and atopic dermatitis. Pediatricians are encouraged to promote the advantages of breastfeeding to mothers and infants, as well as the health risks of not breastfeeding.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. February 27, 2012, Volume 14, Edition 9.

Study Investigates Postpartum Depression's Association with Prenatal Behaviors

"In this study, we found an association between prenatal smoking and worse depressive symptoms 8 weeks after delivery," state the authors of an article published in the *Archives of Women's Mental Health online* in January 2012. Postpartum depression (a nonpsychotic depressive episode that occurs in the period after childbirth) has been described as a significant public health problem. Research has shown that postpartum depression can negatively affect a mother's quality of life, her intimate relationships, and her infant's emotional and cognitive development. Noting scarce research on the associations between prenatal health behaviors and postpartum depression, the authors of the article investigated associations between cigarette smoking, caffeine intake, and vitamin intake during pregnancy and postpartum depression at 8 weeks after childbirth. The authors found that:

- Participants were on average age 28, 46% were married, 31% had a college degree, and 76% were white. Thirty-eight percent smoked cigarettes, 62% drank coffee, 68% drank soda, 28% drank tea, and 81% took prenatal vitamins during pregnancy. Approximately 6.5% (n=30) met the threshold for depression at 8 weeks postpartum.
- There was a consistent statistically significant association between prenatal smoking and postpartum depressive symptoms.

"Primary healthcare providers and clinicians should consider evaluating women for risk of postpartum depression during their first prenatal visit, identifying prenatal health behaviors such as smoking and taking prenatal vitamins. They may also want to consider monitoring these behaviors over the women's prenatal period during regular checkups," conclude the authors.

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Dagher RK, Shenassa ED. 2012. Prenatal health behaviors and postpartum depression: Is there an association? Archives of Women's Mental Health [published online on January 4, 2012]. Abstract. More information is available from the following MCH Library resource: Depression During and After Pregnancy: Knowledge Path.

Study: Early Language Development

A study published online February 13th in the *Proceedings of the National Academy of Sciences* questions common assumptions about language development in infants. The study authors report that it is widely accepted that infants begin to learn language by discovering features of speech including consonants, vowels and combinations of these sounds. Learning the meaning of words (rather than just perceiving their sounds) has been said to come later, usually between 9-15 months of age. However, the study authors found that infants aged 6-9 months already know the meanings of common words for certain foods and body parts through their daily exposure to language. The study authors encourage parents to talk to their babies at this age – babies can understand many words sooner than they can actually say them.
Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. February 21, 2012, Volume 14, Edition 8.

Brief: Expansion of and Potential Barriers to Available Mental Health Services

Health Care Reform: What School Mental Health Professionals Need to Know highlights changes to health care availability under the Affordable Care Act and the potential impact of such changes on mental health services for children and families. The brief was published by the Center for School Mental Health with support from the Health Resources and Services Administration's Maternal and Child Health Bureau. Topics include increased access to health care, pre-existing conditions, preventive health care, expanding Medicaid coverage, the Children's Health Insurance Program Reauthorization, health insurance exchanges, and school-based health centers. A list of resources is included.
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2012 Childhood & Adolescent Immunization Schedules

The American Academy of Pediatrics (AAP) has published a policy statement that includes the updated recommended childhood and adolescent immunization schedules. Available in the February edition of the journal Pediatrics, the policy statement includes updated immunization schedules for children ages 0 through 6, ages 7 through 18 and a catch-up schedule for children with late or incomplete immunizations. The schedule has been approved by the AAP, the Advisory Committee on Immunization Practices from the Centers for Disease Control and Prevention, and the American Academy of Family Physicians. Major changes were made in three of the vaccine recommendations. The AAP now recommends that all males aged 11 or 12 years of age receive the human papillomavirus (HPV) vaccine in a three-dose series that can start as early as nine years of age. The meningococcal vaccine can now be given to children as young as nine months if they are residents or travelers to countries with epidemic disease or at increased risk of developing meningococcal disease. For children aged six months through eight years, the influenza vaccine should be given in two doses for those who did not receive at least one dose of the vaccine in 2010-11. Children who received one dose last season require one dose for the 2011-12 flu season.
Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. February 6, 2012, Volume 14, Edition 6.

WISCONSIN DATA TIDBITS AND DATA REPORTS

Wisconsin PRAMS – What Moms Tell Us about Stressful Life Events

Results from the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) indicate that new mothers of minority racial/ethnic groups report more stressful life events than non-Hispanic white mothers. The PRAMS survey includes a list of stressful events that may have happened during the 12 months before the mother's new baby was born. The mother is asked to circle "N" for "No" and "Y" for "Yes" for each event. The responses were grouped into these four categories (with examples):

Partner-related: The responding mother separated or divorced from her husband/partner, she argued more than usual with her husband/partner, or her husband/partner said he didn't want her to be pregnant.

Traumatic: The mother was homeless, she was involved in a physical fight, she or her husband/partner went to jail, or someone close to her had a problem with drinking/drugs.

Financial: The mother moved to a new address, her husband/partner lost his job, she lost her job, or she had a lot of bills she couldn't pay.

Emotional: A very sick family member had to go into the hospital, or someone close to the responding mother died.

Larger proportions of African American mothers reported stressful events in each category, compared to all other groups (see Table). In fact, 70% of African American mothers reported at least one kind of financial stress during the 12 months before her baby was born. Also, African American mothers had more stressful events, compared to the other groups. Only 14% of African American mothers reported no stressful events in the year, compared to 34% of non-Hispanic white mothers.

Race/ethnicity	Partner-related	Traumatic	Financial	Emotional
White, non-Hispanic	27%	17%	44%	30%
Black, non-Hispanic	53%	38%	70%	42%
Hispanic/Latina	34%	24%	58%	26%
Other	31%	19%	49%	21%

Source: 2007-2008 Wisconsin PRAMS, Division of Public Health, Department of Health Services.

If you would like PRAMS data presented, or for more information, contact Kate Kvale - Project Director at (608) 267-3727.

Adverse Childhood Experiences in Wisconsin

As part of the 2010 Wisconsin Behavioral Risk Factor Survey (BRFS), more than 4,000 randomly selected Wisconsin adults were asked about adverse childhood experiences, or ACEs, they may have had prior to age 18. The Wisconsin ACE report highlights the ACE-related findings from the 2010 BRFS, as well as policy recommendations for addressing ACEs in Wisconsin. The full report may be accessed on the Children's Trust Fund website.

CONFERENCES AND AWARENESS CAMPAIGNS

Go the Full 40

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) has launched a new campaign designed to help understand the reasons why it is important for a mother to carry her baby to term. *Go the Full 40* includes a downloadable PDF for health providers to share with patients that includes 40 reasons – some serious, some fun – about the benefits of giving a baby a full 40 weeks of pregnancy to grow and develop. The campaign notes that inducing labor is associated with increased risks including prematurity, cesarean surgery, hemorrhage and infection.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. January 30, 2012, Volume 14, Edition 5.

Look Before You Lock

The National Highway Traffic Safety Administration (NHTSA) has announced its campaign to highlight hyperthermia (heat stroke) and the need for parents and caregivers to be extra careful with children in cars during the spring and summer months. *Where's Baby? Look Before You Lock* is designed to educate about the dangers of leaving children unattended children in vehicles. Messages included in the campaign alert parents and caregivers to ways they can prevent a tragedy that can happen at any time, but especially in these warmer months. To date, 527 children in the US have died from heat stroke after being left in or becoming trapped in a vehicle.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. April 9, 2012, Volume 14, Edition 15.

WEBSITES AND WEB-BASED RESOURCES

AMCHP Pulse – Affordable Care Act/Health Reform

This March/April issue of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on the Affordable Care Act (ACA) and Health Reform.

Bullying Website

StopBullying.gov emphasizes action steps individuals can take to prevent bullying in their schools and communities. The relaunched website serves as the central location for all federal agencies' bullying-prevention efforts. The site features tools and resources for community leaders, young people, and families on (1) ways to recognize the warning signs and when to take action; (2) tips to prevent bullying before it starts; (3) ways to implement strategies for prevention; (4) ideas for sharing community resources, policies, or strategies to prevent and address bullying; and (5) information on state bullying laws. Additional resources include widgets, badges, and e-mail updates, as well as options for submitting materials to the resource database, following the campaign on Twitter or Facebook, and providing feedback.

Businesses Supporting Breastfeeding Mothers

The U.S. Department of Health and Human Services - Office on Women's Health is creating an online searchable resource to showcase creative solutions for supporting employees who are nursing their babies, with a special emphasis on employers of overtime eligible employees. They are gathering success stories from businesses of all industry types and are looking to identify workplaces that would be willing to share their solutions. Check it out!

My Safe Home
A new interactive website helps families to identify dangers in their home and provides simple steps to fix them. *My Safe Home* was developed by Safe Kids Worldwide and uses 360-degree interactive technology to allow parents to explore all areas of a home or specific risk, like carbon monoxide poisoning. Safety information is available in both English and Spanish.
Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. February 27, 2012, Volume 14, Edition 9.

CYSHCN CORNER

Expanded Resources for Families for CYSHCN
The Northeast Regional Center (NERC) for Children and Youth with Special Health Care Needs (CYSHCN) recently collaborated with the Down Syndrome Association of Wisconsin-Fox Cities Chapter (DSAW-FC) to combine library materials. Over 50 items were added to the NERC library through a special collection donated by DSAW-FC and are now available for checkout by families and providers in the region. Items can be viewed at www.northeastregionalcenter.org under the library tab. Families will be prompted to call or email their request and after providing their name and address, materials will be shipped with a postage-paid return envelope. Both organizations are pleased with the increase awareness and use of the library materials and the NERC website has experienced increase traffic.

MCH Leadership
Congratulations to Meg Steimle of the Southeast Regional Center for CYSHCN, for being selected for the 2012-13 Maternal and Child Health Public Health Leadership Institute. This yearlong leadership development program is designed to improve leadership and people management skills and build partnerships to advocate for and create MCH systems of tomorrow. MCH PHLI Fellows improve their leadership capacity learning the tools to create culture that engages and motivates others. Fellows complete a Personal Leadership Project designed to make an impact back at their home community or organization. Acceptance into this program is highly competitive and she was 1 of 30 individuals accepted into the program. Being awarded placement is the equivalent of receiving a $10,000 training scholarship. Meg's focus for the leadership project is to sustain the work of the Connections grant related to Autism in WI. She will work toward disseminating materials developed through the grant, facilitate and support the SE Core Team and to help strengthen collaborations throughout the state and be an active member for the Steering team and a planner for future Community of Practice meetings.

New Autism Prevalence Estimates Released
Wisconsin is currently one of many states funded by the Centers for Disease Control and Prevention (CDC), as part of the Autism and Developmental Disabilities Monitoring (ADDM) Network, to count the number of 8-year-old children with an autism spectrum disorder. In 2003, the Wisconsin Surveillance of Autism and Other Developmental Disabilities System (WISADDS) was initiated as an ADDM Network site in a collaboration between the Wisconsin Department of Health Services and investigators from the Waisman Center and Department of Population Health Sciences of the University of Wisconsin-Madison.

The CDC estimates that 1 in 88 children in the United States has been identified as having an autism spectrum disorder, according to the ADDM Network report released today that looked at 2008 data from 14 communities. Prevalence estimates varied widely across the 14 sites and reflect a 23% increase in 2 years and a 78% increase in 6 years. The largest increases were

among Hispanic and black children. Autism is still almost five times more common among boys than girls – with 1 in 54 boys identified. A growing number of children are diagnosed with autism by age 3 years.

The full report and 2012 Community Report summarizing the main findings and state-specific information are available at www.cdc.gov/autism.

For more information about WISADDS please visit the Wisconsin Surveillance of Autism & Other Developmental Disability Systems website.

Wisconsin Regional Resource Fact Sheets Now Available

If you are looking for quick information on key resources for children with Autism Spectrum Disorders (ASD) - check out the *ASD Resources Sheets*. These sheets provide "doorways" for people to enter to access resources in their region and around the state. Resources sheets are available as PDF downloads at: http://www.dhs.wisconsin.gov/publications/DPHnum.asp

- P-00294 Autism Spectrum Disorders (ASD) Resources - Statewide
- P-00294A Autism Spectrum Disorders (ASD) Resources - Northern
- P-00294B Autism Spectrum Disorders (ASD) Resources - Northeastern
- P-00294C Autism Spectrum Disorders (ASD) Resources - Southern
- P-00294D Autism Spectrum Disorders (ASD) Resources - Southeastern
- P-00294E Autism Spectrum Disorders (ASD) Resources - Western

They are also available at the UW Waisman Center website, under Community Connections Products. If you are unable to print off a PDF copy, a limited number have been printed and available by contacting Tim Markle.

Article Provides a Profile of Epilepsy and Seizure Disorder in Children

"High levels of developmental and mental health comorbidities reported for children with current epilepsy/seizure disorder underscore the need for a proactive approach to the prevention of comorbidities, and a more structured approach to early detection and management," write the authors of an article published in *Pediatrics online* on January 23, 2012. Epilepsy/seizure disorder is the most common childhood neurologic condition and a major public health concern. Children with epilepsy face considerable challenges, including the seizures themselves, stigma, and a high risk for comorbidities that affect developmental progress and emotional health, including attention-deficit/hyperactivity disorder (ADHD), learning disabilities, depression, and anxiety. The study described in the article estimates prevalence of reported epilepsy/seizure disorder in U.S. children to examine patterns of reported comorbidity.

The authors used data from the 2007 National Survey of Children's Health. The sample for the present study included 91,605 children from birth through age 17. Interviews were conducted with each child's parent or guardian. Measures included lifetime epilepsy or seizure disorder and mental health, developmental, physical health, functional health, and service use indicators. The authors found that:

- The estimated lifetime prevalence of epilepsy/seizure disorder was 10.2 per 1000, or 1 %, and current epilepsy/seizure disorder was 6.3 per 1000, or 0.6%. After adjustment for sociodemographics, lifetime epilepsy/seizure disorder was more common in children from families with income below 100% of the federal poverty level (relative risk: 1.95).

- There was no relationship between childhood epilepsy and family structure, race/ethnicity, or parent educational level.
- Prevalence of lifetime epilepsy/seizure disorder as well as current epilepsy increased with age, and epilepsy/seizure disorder was more common among boys.
- Compared with children never diagnosed, children with current epilepsy/seizure disorder were more likely to experience mental health and developmental comorbidities, including depression, anxiety, ADHD, conduct problems, learning disabilities, developmental delay, and autism/autism spectrum disorder. Each of these conditions was also reported more frequently in children previously but not currently diagnosed.
- Compared with children never diagnosed, children with both current and former epilepsy/seizure disorder were more likely to experience a range of physical health comorbidities.
- Compared with children never diagnosed, children with current epilepsy/seizure disorder were more likely to have limited activity, grade repetition, school problems, low social competence, and high levels of parent aggravation, after adjustment for sociodemographics. Children previously but not currently diagnosed also had greater risks of poorer function across all domains, in each case with an intermediate level of risk.
- Compared with children never diagnosed, children with current epilepsy/seizure disorder were more likely to access mental health treatment and special education services. They were reported to be as likely to attend preventive health visits as children never diagnosed; less likely to report receiving care in a medical home; and more likely to report unmet needs for care coordination, medical care, and mental health services. Children previously but not currently diagnosed also had elevated unmet care-coordination needs.

The authors conclude that "further study of the pathophysiologic processes contributing to the development of comorbid conditions may provide clues to the etiology of individual epilepsy/seizure disorders."

Russ SA, Larson K, Halfon N. 2012. A national profile of childhood epilepsy and seizure disorder. Pediatrics. Published online on January 23, 2012. Abstract.

Taken from February 10, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Autism Prevalence in Hispanic Children

A study published in the February edition of the journal *Pediatrics* examines the prevalence of autism spectrum disorders in Hispanic and non-Hispanic white children. Although the number of individuals with autism spectrum disorders (ASDs) continues to increase in the US and other developed countries, ASD is diagnosed less commonly in Hispanic individuals than in non-Hispanic whites. The study authors analyze the differences in ASD prevalence between Hispanic and non-Hispanic whites in a large, population-based sample of 8-year-old children, and explore how prevalence has changed over time. Population-based surveillance of ASD was conducted on over 140,000 children, with 1,212 children meeting the case definition criteria in between 2000 and 2006. The prevalence of ASD in Hispanic children was found to be lower than in non-Hispanic white children for all study years, although more Hispanic than non-Hispanic white children met the case definition for intellectual disability in study years 2004 and 2006. Prevalence of ASD diagnosis increased in both groups in 2006, with the Hispanic prevalence nearly tripling that year. Although there remains a gap in prevalence between the groups, the ASD prevalence for Hispanic individuals in this population-based sample is substantially higher than previously reported.

Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. February 27, 2012, Volume 14, Edition 9.

Article Assesses Evidence on Transition for Youth with Special Health Care Needs

"Determining the key elements of transition programs that lead to better outcomes will contribute to the design of efficient models of care," write the authors of an article published in the *Journal of Adolescent Health* online on March 22, 2012. Increasing numbers of youth with special health care needs (YSHCN) are surviving into adulthood. The authors of this article conducted a literature review to examine existing evidence on health care transitions for YSHCN transitioning from pediatric to adult care. In particular, they sought to answer two questions about such transitions: (1) what are the general outcomes for YSHCN whose transition proceeds without special intervention? and, (2) what transition activities lead to better health care outcomes for YSHCN? The authors found that:

- Transition appears to proceed smoothly for many YSHCN, especially for those with, on average, milder conditions with no limitations in activities or cognitive impairment. However, YSHCN with more complex medical conditions, although often experiencing social and mental health outcomes that are comparable to their peers, seem to have generally lower educational achievement, more limited work experience, and lower incomes; those with multiple health problems or severe cognitive or mental impairments appear to experience more significant difficulty transitioning from childhood to adulthood.
- Little evidence has been published about programs that may help YSHCN in transition; what evidence exists appears to indicate that providing YSHCN with some direct contact with adult health professionals before leaving the pediatric system may enhance transition, especially in improving likelihood of follow-up, some metabolic markers, and satisfaction with adult care.

The authors conclude that "after [key elements of transition programs] are identified, policymakers and practitioners will need to consider various questions regarding their implementation."

Bloom SR, Kuhlthau K, Van Cleave J, et al. 2012. Health care transition for youth with special health care needs. Journal of Adolescent Health (published online on March 22, 2012) Abstract.